

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/647955

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	①					
8	①					
9	①					
10	①					
11	①					
12	①					
13	①					
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15	①					
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28	①					
29	①					
30	①					
31	①					
32	①	④				
33	①	④				
34						
35						
36						
37						
38						
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS	/					

51				
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100				
TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS	/			